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REPORTED CASES OF GONORRHEA AND SYPHILIS IN CALIFORNIA—1940 THROUGH 1944

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FLORENCE E. OLSON, Senior Public Health Analyst

The effect of war conditions upon the incidence of venereal diseases in California has been a subject for speculation by many persons, both in and out of public health circles. To obtain a picture of trends and the problem which confronts public health authorities, statistics have been compiled of reported cases from 1940 through 1944.

GONORRHEA

During the years 1940 through 1944, the total number of civilian cases of gonorrhea reported in California was lowest in 1942 (12,408 cases) and highest in 1944 (20,365 cases). This does not hold true for all of the individual counties.

Those counties in which war industries have been located and where military personnel have been concentrated have experienced rapid population growth while other counties have actually had a decrease of population as shown by "Population Estimates—California Counties" prepared by the California Taxpayers' Association as of January, 1945. These population changes are reflected to some extent in the changes in numbers of cases of gonorrhea reported in each county as shown in Table II.

The large number of cases shown in 1940 for "Unknown Race" in Table I was due to the use of the old form morbidity card up to July 1, 1940. This means that the totals for each race in 1940 are not entirely comparable to the totals for each of the other years.

The totals for all races show that, from 1942 through 1944, there was a greater increase in cases reported among females than males.

The 20-24 year age group showed a larger number of cases reported each of the five years than any other age group. In 1944, there was a greater number of cases reported for each sex in the 15-19 year age group than in any previous year and this group was the only one for which that was true.

SYPHILIS

The total number of reported civilian syphilis cases, unlike gonorrhea, was the lowest in 1941 (21,711 cases) and highest in 1943 (29,346 cases). However, the number of primary and secondary syphilis cases showed the same pattern of reporting as did gonorrhea with the smallest number of cases reported in 1942 (2,689 cases) and the largest in 1944 (4,108 cases).

No doubt, population changes in the counties had some effect upon the number of cases of syphilis reported by the individual counties as well as upon the number of cases of gonorrhea. The changes in reported cases of syphilis by counties are shown in Table III.

In addition, in the case of syphilis, the increased use of blood tests in selective service examinations, pre-employment examinations and routine examinations, in blood-donor service and in surveys, brought to light a great number of latent cases. This is indicated by the increase in the total number of cases reported for those age groups of 30 and over for which 14,044

TABLE I
GONORRHEA—CIVILIAN CASES REPORTED BY AGE, RACE AND SEX
CALIFORNIA—1940-1944

Race, year and sex	Age groups									Total known age and sex	Age or sex unknown	Total cases
	Under 10 years	10-14	15-19	20-24	25-29	30-34	35-44	45-54	55+			
White:												
1940—Male.....	11	4	677	2,496	1,718	951	926	322	124	7,229		
Female.....	103	24	252	855	436	245	185	52	24	2,176	20	9,425
1941—Male.....	6	11	690	2,707	2,148	1,247	1,223	452	161	8,645		
Female.....	162	42	428	1,147	664	314	238	74	29	3,098	68	11,811
1942—Male.....	10	9	615	1,674	1,365	864	820	280	114	5,751		
Female.....	110	30	484	953	505	323	315	77	31	2,828	41	8,620
1943—Male.....	15	11	627	1,559	1,418	892	798	254	102	5,676		
Female.....	108	57	865	1,480	768	413	324	90	20	4,125	55	9,856
1944—Male.....	11	14	611	1,805	1,645	1,079	1,040	289	86	6,580		
Female.....	149	61	1,156	2,442	1,195	595	473	88	29	6,188	43	12,811
Mexican:												
1940—Male.....	5	4	104	295	174	113	82	25	2	804		
Female.....	30	6	32	71	46	17	24	2	2	230	7	1,041
1941—Male.....	2	2	149	299	212	131	123	28	10	956		
Female.....	59	4	38	86	60	32	18	8	3	308	1	1,265
1942—Male.....	2	2	110	221	141	113	90	14	7	698		
Female.....	20	5	54	96	53	23	22	5	2	280	2	950
1943—Male.....	5	2	135	235	153	106	93	27	3	759		
Female.....	23	8	77	147	58	34	28	5	1	381	9	1,149
1944—Male.....	10	5	164	336	192	127	117	20	5	978		
Female.....	38	11	85	183	90	51	24	8	4	494	7	1,479
Negro:												
1940—Male.....	1	2	90	363	248	110	111	17	8	950		
Female.....	30	3	49	81	74	31	18	11	2	297	1	1,248
1941—Male.....	1	2	166	489	344	165	126	26	8	1,327		
Female.....	39	7	69	143	74	47	27	6	2	414	2	1,743
1942—Male.....	2	3	230	493	335	208	134	24	5	1,434		
Female.....	20	9	108	188	141	60	47	13	1	587	5	2,026
1943—Male.....	1	2	409	637	443	244	193	27	9	1,965		
Female.....	31	19	235	354	181	83	47	8	2	960	4	2,929
1944—Male.....	5	8	636	1,116	753	436	354	65	6	3,379		
Female.....	48	16	365	701	324	165	85	17	2	1,723	10	5,112
Other:												
1940—Male.....	2	28	94	124	120	117	24	4	513			
Female.....	8	13	20	9	5	4	2	2	64	2	579	
1941—Male.....	1	19	81	139	156	137	34	8	577			
Female.....	10	12	15	10	3	4	2	1	57	2	636	
1942—Male.....	1	12	39	65	114	130	22	7	390			
Female.....	8	7	22	15	11	9	9	7	73	3	466	
1943—Male.....	2	12	26	35	73	102	14	1	263			
Female.....	2	23	42	16	9	8	3	3	109	2	374	
1944—Male.....	2	12	26	39	73	142	23	3	318			
Female.....	2	29	48	31	13	8	1	1	132	3	453	
Total (*)—All Races:												
1940—Male.....	31	16	1,360	4,990	3,725	2,089	2,044	634	232	15,121		
Female.....	301	59	548	1,561	847	440	356	101	45	4,258	54	19,433
1941—Male.....	12	17	1,063	3,724	2,973	1,794	1,664	563	196	11,976		
Female.....	282	57	575	1,438	837	409	299	95	37	4,029	93	16,098
1942—Male.....	12	16	992	2,497	1,948	1,342	1,195	350	141	8,493		
Female.....	166	47	665	1,298	728	423	405	96	34	3,562	53	12,408
1943—Male.....	22	16	1,208	2,513	2,102	1,355	1,221	336	115	8,888		
Female.....	166	91	1,216	2,063	1,041	548	416	109	23	5,663	81	14,632
1944—Male.....	28	27	1,459	3,371	2,698	1,767	1,692	404	101	11,547		
Female.....	248	91	1,669	3,458	1,679	840	608	116	38	5,747	71	20,365

(*) Includes unknown race.

Source: Morbidity Reports, Bureau of Acute Communicable Diseases, California State Department of Public Health.

cases were reported in 1941 and 18,702 cases in 1943. All of this increase was in the latent and late stages of syphilis since the number of primary and secondary cases for the same age groups actually decreased from 1,445 in 1941 to 1,244 in 1943.

For primary and secondary syphilis, the 20-24 year age group showed a larger number of cases reported than in any other age group for each of the five years. This again is similar to the reports for gonorrhea. Since gonorrhea and primary and secondary syphilis

TABLE II

GONORRHEA—CIVILIAN CASES REPORTED 1940-1944
BY COUNTY

County	Year				
	1940	1941	1942	1943	1944
Alameda	981	770	877	1,165	1,618
Alpine	—	—	—	—	—
Amador	14	13	17	46	61
Butte	108	92	45	28	41
Calaveras	7	8	6	2	1
Colusa	17	13	6	5	6
Contra Costa	141	135	142	491	1,196
Del Norte	3	7	3	2	—
El Dorado	7	8	4	5	5
Fresno	583	378	151	204	336
Glenn	12	9	3	3	7
Humboldt	101	76	33	54	127
Imperial	130	145	110	106	94
Inyo	16	28	23	21	14
Kern	446	455	295	316	396
Kings	61	53	42	40	51
Lake	10	6	4	1	4
Lassen	15	11	7	1	4
Los Angeles	7,278	6,731	5,178	6,141	8,202
Madera	56	31	22	32	44
Marin	66	34	24	55	138
Mariposa	7	2	3	—	—
Mendocino	25	21	8	6	16
Merced	101	78	19	19	53
Modoc	12	3	3	2	1
Mono	12	3	—	—	—
Monterey	362	317	186	275	292
Napa	47	24	18	7	24
Nevada	32	10	7	5	6
Orange	200	115	123	125	204
Placer	17	10	4	8	7
Plumas	11	11	15	10	6
Riverside	319	159	171	125	242
Sacramento	1,175	923	537	411	469
San Benito	25	11	9	5	7
San Bernardino	514	247	243	325	368
San Diego	1,170	1,137	797	795	1,280
San Francisco	2,592	1,699	1,933	2,251	2,748
San Joaquin	835	580	389	313	424
San Luis Obispo	62	234	78	59	103
San Mateo	102	74	44	46	59
Santa Barbara	156	113	98	84	192
Santa Clara	255	205	140	138	212
Santa Cruz	165	115	56	69	84
Shasta	67	39	31	28	15
Sierra	2	—	—	—	—
Siskiyou	35	27	13	5	3
Solano	96	95	38	263	453
Sonoma	176	107	83	84	127
Stanislaus	106	64	44	44	71
Sutter	58	52	28	23	5
Tehama	14	12	6	9	4
Trinity	—	3	1	—	1
Tulare	290	294	105	173	238
Tuolumne	9	9	2	1	—
Ventura	153	185	131	141	186
Yolo	69	52	18	12	13
Yuba	110	65	35	53	92
Not Allocated	—	—	—	—	15
Total	19,433	16,098	12,408	14,632	20,365

Source: Morbidity Reports, Bureau of Acute Communicable Diseases, California State Department of Public Health.

TABLE III

SYPHILIS—CIVILIAN CASES REPORTED BY COUNTY
CALIFORNIA—1940-1944

County	Year				
	1940	1941	1942	1943	1944
Alameda	1,100	944	1,261	2,038	2,070
Alpine	—	2	—	—	—
Amador	23	16	14	10	27
Butte	91	84	76	54	36
Calaveras	1	3	4	2	1
Colusa	24	13	12	11	14
Contra Costa	221	203	395	866	1,012
Del Norte	17	14	6	—	—
El Dorado	12	6	9	5	3
Fresno	565	479	491	444	321
Glenn	—	2	6	14	5
Humboldt	96	93	54	37	50
Imperial	255	295	316	302	176
Inyo	22	30	39	79	16
Kern	614	589	490	471	386
Kings	59	73	77	78	34
Lake	5	9	10	12	5
Lassen	14	4	24	11	11
Los Angeles	8,886	9,374	9,830	14,485	13,175
Madera	62	78	58	49	44
Marin	155	188	148	237	291
Mariposa	—	3	—	4	—
Mendocino	91	74	76	44	69
Merced	114	86	78	42	37
Modoc	9	20	20	2	26
Mono	1	1	—	—	5
Monterey	316	400	377	427	197
Napa	167	118	94	64	131
Nevada	57	32	25	6	3
Orange	297	202	250	258	222
Placer	49	29	42	43	48
Plumas	18	22	21	3	9
Riverside	313	333	346	227	370
Sacramento	749	759	790	696	470
San Benito	19	18	41	10	10
San Bernardino	567	587	476	663	696
San Diego	586	900	1,116	1,319	1,198
San Francisco	2,450	2,213	2,758	3,127	2,868
San Joaquin	1,246	924	1,078	819	735
San Luis Obispo	93	113	125	98	57
San Mateo	324	324	202	227	147
Santa Barbara	224	218	242	155	189
Santa Clara	318	410	390	316	239
Santa Cruz	177	134	154	111	124
Shasta	124	62	86	58	6
Sierra	2	1	—	1	—
Siskiyou	45	29	13	11	12
Solano	52	133	138	500	531
Sonoma	203	136	114	111	74
Stanislaus	133	86	93	106	80
Sutter	61	90	40	32	5
Tehama	16	12	5	7	10
Trinity	2	2	1	—	—
Tulare	197	246	179	180	129
Tuolumne	23	21	17	3	6
Ventura	324	295	321	354	314
Yolo	66	56	88	55	36
Yuba	78	123	109	62	91
Not Allocated	—	—	—	—	140
Total cases	21,733	21,711	23,225	29,346	26,961

Source: Morbidity Reports, Bureau of Acute Communicable Diseases, California State Department of Public Health.

are infectious venereal diseases, it would be expected that the cases reported for each would show comparable age distributions.

The large number of cases of syphilis (7,784) reported for unknown race in 1940 was due to the use of the old form morbidity card which used the term "Nationality" rather than "Race."

For gonorrhea, primary and secondary syphilis and for all syphilis, the number of cases reported among negroes increased each year over the previous year.

Because it is not known how much the population changes have affected the distribution by race, sex and age it is not possible to give specific rates for each of these groups or to make comparisons by rates of one group with another. However, the increasing numbers of cases reported in the 15-19 and 20-24 year age groups indicate that the venereal disease control program should reach the younger age groups more effectively than it has in the past. Adequate health education, establishment of proper recreational facilities, raising of social and moral standards are responsibilities of the whole community and all play a part in guiding the youth around the pitfalls of delinquency.

TABLE IV
PRIMARY, SECONDARY AND EARLY^(*) SYPHILIS AND ALL STAGES OF SYPHILIS

CIVILIAN CASES REPORTED BY RACE AND YEAR
CALIFORNIA—1940-1944

Primary, Secondary and Early ^(*) :	1940	1941	1942	1943	1944
White	1,590	2,349	1,893	1,898	2,145
Mexican	296	249	244	263	476
Negro	345	360	417	816	1,297
Other	189	133	98	41	67
Unknown	1,686	193	37	71	123
Total	4,106	3,284	2,689	3,091	4,108
All Stages:					
White	8,207	13,581	13,733	15,133	12,396
Mexican	2,266	2,750	2,915	3,292	2,905
Negro	2,585	3,428	4,007	9,065	10,407
Other	891	1,168	2,189	1,205	596
Unknown	7,784	784	381	651	657
Total	21,733	21,711	23,225	29,346	26,961

^(*) Early—less than one year's duration, old form cards.

Source: Morbidity Reports, Bureau of Acute Communicable Diseases, California State Department of Public Health.

TABLE V
PRIMARY, SECONDARY AND EARLY^(*) SYPHILIS AND TOTAL SYPHILIS
CIVILIAN CASES REPORTED BY AGE, YEAR AND SEX
CALIFORNIA—1940-1944

Stage, year and sex	Age groups									Total known age and sex	Age or sex unknown	Total cases
	Under 10 years	10-14	15-19	20-24	25-29	30-34	35-44	45-54	55+			
Primary, Secondary and Early ^(*)												
1940—Male.....	1	3	134	609	634	449	511	206	104	2,651		
Female.....	2	9	134	495	365	194	171	51	16	1,437	18	4,106
1941—Male.....	6	4	101	467	515	399	449	163	77	2,181		
Female.....	3	1	125	339	355	139	163	40	15	1,080	23	3,284
1942—Male.....	5		124	396	368	305	383	123	63	1,767		
Female.....	2	5	110	263	208	142	127	27	13	897	25	2,689
1943—Male.....		4	178	391	364	324	342	127	48	1,778		
Female.....	5	9	195	399	255	162	172	58	11	1,266	47	3,091
1944—Male.....	2	6	182	548	479	377	394	151	71	2,210		
Female.....	6	11	308	645	361	233	207	61	30	1,862	36	4,108
All Syphilis:												
1940—Male.....	150	73	293	1,216	1,794	1,868	3,497	2,607	2,000	13,498		
Female.....	164	93	413	1,524	1,624	1,238	1,671	900	511	8,138	97	21,733
1941—Male.....	143	54	259	1,469	2,288	2,380	3,532	2,369	1,858	14,352		
Female.....	115	66	436	1,311	1,378	1,090	1,492	806	517	7,211	148	21,711
1942—Male.....	114	48	289	1,275	2,007	2,881	5,985	2,102	1,573	16,274		
Female.....	110	58	419	1,111	1,233	1,191	1,454	756	466	6,798	153	23,225
1943—Male.....	117	63	674	2,005	2,762	3,672	5,791	2,271	1,667	19,022		
Female.....	130	82	765	1,846	1,924	1,704	2,079	996	522	10,048	276	29,346
1944—Male.....	138	51	545	1,678	2,060	2,347	3,744	2,308	1,638	14,409		
Female.....	141	73	1,026	2,989	2,684	1,702	2,094	1,003	599	12,311	241	26,961

^(*) Early—less than one year's duration, old form cards.

Source: Morbidity Reports, Bureau of Acute Communicable Diseases, California State Department of Public Health.

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 Tujunga—Under Los Angeles City
 Venice—Under Los Angeles City
 Vernon—Harry F. Becker, M.D.
 West Covina—Under County Supervision
 Whittier—Under County Supervision

MADERA COUNTY—Madera—Lee A. Stone, M.D.

Chowchilla—Under County Supervision
 Madera—Under County Supervision

MARIN COUNTY—San Rafael—Irving D. Johnson, M.D.

Belvedere—Mrs. Laura A. Donzel
 Corte Madera—David D. Schmidt, M.D.
 Fairfax—Martha R. Allen, M.D.
 Larkspur—Under County Supervision
 Mill Valley—Under County Supervision
 Ross—Anne L. Brady, M.D.
 San Anselmo—Under County Supervision
 San Rafael—Under County Supervision
 Sausalito—Under County Supervision

- MARIPOSA COUNTY—Mariposa—John S. Webster, M.D.
- MENDOCINO COUNTY—Ukiah—Herschel O. Cleland, M.D.
 Fort Bragg—Royal Scudder, M.D.
 Point Arena—A. C. Huntley, M.D.
 Potter Valley—Under County Supervision
 Ukiah—J. H. Hansen, D.O.
 Willits—Raymond Babcock, M.D.
- MERCED COUNTY—Los Banos—L. R. Hillyer, M.D.
 Atwater—R. Montgomery, M.D.
 Dos Palos—John L. Vaught, M.D.
 Gustine—Axel W. Gustafson, M.D.
 Livingston—Mr. Eugene B. Kemper
 Los Banos—George B. Pimentel, M.D.
 Merced—Ashley S. Parker, M.D.
- MODOC COUNTY—Alturas—J. Paul McKenney, M.D.
 Adin—Under County Supervision
 Alturas—
- MONO COUNTY—Bridgeport—William L. Denton, M.D.
- MONTEREY COUNTY—Salinas—Kenneth C. Sheriff, M.D.
 Carmel—Under County Supervision
 King City—Under County Supervision
 Monterey—Under County Supervision
 Pacific Grove—Under County Supervision
 Salinas—Under County Supervision
 Soledad—Under County Supervision
- NAPA COUNTY—Napa—Robert S. Northrop, M.D.
 Calistoga—Mr. George C. Locey
 Napa—Robert S. Northrop, M.D.
 St. Helena—Mr. Chanie C. Johnson
- NEVADA COUNTY—Grass Valley—V. W. Padgett, M.D.
 Grass Valley—E. M. Roesner, D.V.M.
 Nevada City—Mr. George H. Calanan
- ORANGE COUNTY—Santa Ana—Edward Lee Russell, M.D.
 Anaheim—Under County Supervision
 Brea—Under County Supervision
 Fullerton—Under County Supervision
 Garden Grove—Under County Supervision
 Huntington Beach—Under County Supervision
 Laguna Beach—Under County Supervision
 La Habra—Under County Supervision
 Newport Beach—Under County Supervision
 Orange—Under County Supervision
 Placentia—Under County Supervision
 San Clemente—Under County Supervision
 Santa Ana—Under County Supervision
 Seal Beach—Under County Supervision
 Tustin—Under County Supervision
- PLACER COUNTY—Auburn—Theodore Snyppe, M.D.
 Auburn—Theodore Snyppe, M.D.
 Colfax—F. Lynn Smith, M.D.
 Lincoln—Arthur W. McArthur, M.D.
 Rocklin—Theodore Snyppe, M.D.
 Roseville—Robert H. Eveleth, M.D.
- PLUMAS COUNTY—Quincy—D. J. Bleiberg, M.D.
- RIVERSIDE COUNTY—Riverside—Warren F. Fox, M.D.
 Banning—Under County Supervision
 Beaumont—Under County Supervision
 Blythe—Under County Supervision
 Corona—Under County Supervision
 Elsinore—Under County Supervision
 Hemet—Under County Supervision
 Indio—Under County Supervision
 Palm Springs—Under County Supervision
 Perris—Under County Supervision
 Riverside—Under County Supervision
 San Jacinto—Under County Supervision
- SACRAMENTO COUNTY—Sacramento—Albert F. Zipf, M.D.
 Isleton—Godfrey Steinert, M.D.
 North Sacramento—Under County Supervision
 Sacramento—Albert F. Zipf, M.D.
- SAN BENITO COUNTY—Hollister—Roswell L. Hull, M.D.
 Hollister—Roswell L. Hull, M.D.
 San Juan Bautista—Roswell L. Hull, M.D.
- SAN BERNARDINO COUNTY—San Bernardino—Walter W. Fenton, M.D.
 Barstow—Under County Supervision
 Chino—William C. Miller, M.D.
- Colton—Under County Supervision
 Needles—Under County Supervision
 Ontario—Calvert L. Emmons, M.D.
 Redlands—Under County Supervision
 Rialto—Under County Supervision
 San Bernardino—Frank M. Gardner, M.D.
 Upland—Under County Supervision
- SAN DIEGO COUNTY—San Diego—Alexander M. Lesem, M.D.
 Chula Vista—Under County Supervision
 Coronado—Wm. T. Booth, M.D.
 El Cajon—Under County Supervision
 Escondido—Under County Supervision
 La Mesa—Under County Supervision
 National City—Under County Supervision
 Oceanside—Under County Supervision
 San Diego—Alexander M. Lesem, M.D.
- SAN FRANCISCO CITY AND COUNTY—San Francisco—J. C. Geiger, M.D.
- SAN JOAQUIN COUNTY—Stockton—John J. Sippy, M.D.
 Lodi—Under County Supervision
 Manteca—Under County Supervision
 Stockton—Under County Supervision
 Tracy—Under County Supervision
- SAN LUIS OBISPO COUNTY—San Luis Obispo—Philip A. Bearg, M.D.
 Arroyo Grande—Under County Supervision
 Paso Robles—Under County Supervision
 San Luis Obispo—Under County Supervision
- SAN MATEO COUNTY—Redwood City—Charles C. Gans, M.D.
 Atherton—Under County Supervision
 Belmont—Under County Supervision
 Burlingame—Under County Supervision
 Colma—Under County Supervision
 Daly City—Under County Supervision
 Hillsborough—Under County Supervision
 Menlo Park—Under County Supervision
 Redwood City—Under County Supervision
 San Bruno—Under County Supervision
 San Carlos—Under County Supervision
 San Mateo—Under County Supervision
 South San Francisco—Under County Supervision
- SANTA BARBARA COUNTY—Santa Barbara—Ira O. Church, M.D.
 Lompoc—Under County Supervision
 Santa Barbara—Clarence T. Roome, M.D.
 Santa Maria—Under County Supervision
- SANTA CLARA COUNTY—San Jose—C. M. Burchfiel, M.D.
 Alviso—Albert R. Currin, M.D.
 Gilroy—Under County Supervision
 Los Gatos—Under County Supervision
 Morgan Hill—R. L. Newbold, M.D.
 Mountain View—Under County Supervision
 Palo Alto—Mr. Louis Olsen
 San Jose—Dwight M. Bissell, M.D.
 Santa Clara—Under County Supervision
 Sunnyvale—Under County Supervision
- SANTA CRUZ COUNTY—Santa Cruz—John D. Fuller, M.D.
 Santa Cruz—John D. Fuller, M.D.
 Watsonville—D. S. Woodard, M.D.
- SHASTA COUNTY—Redding—B. F. Saylor, M.D.
 Redding—Mr. R. A. Seltzer
- SIERRA COUNTY—Downieville—Carl C. Sutton, D.O.
 Loyalton—Mr. Clyde Spradling
- SISKIYOU COUNTY—Yreka—Albert H. Newton, M.D.
 Dorris—Mr. R. L. Smith
 Dunsuir—Mr. W. P. Ayotte
 Etna—Hubert C. Eller, D.D.S.
 Fort Jones—Mr. Jacob K. Gibbel
 Montague—Mr. Ed Roseas
 Mount Shasta—James B. McGuire, M.D.
 Tulelake—J. R. Barr, M.D.
 Yreka—Charles Pius, M.D.
- SOLANO COUNTY—Vallejo—Lester S. McLean, M.D.
 Benicia—Lewis H. Sanborn, M.D.
 Dixon—
 Fairfield—Felix R. Rossi, M.D.
 Rio Vista—Mr. Floyd N. Holmes

Suisun—Mr. A. C. Tillman
 Vacaville—Mr. O. E. Alley
 Vallejo—Lester S. McLean, M.D.

SONOMA COUNTY—Santa Rosa—Edith Young, M.D.
 Petaluma—N. B. Rundall, D.O.
 Cloverdale—Under County Supervision
 Healdsburg—Under County Supervision
 Santa Rosa—Under County Supervision
 Sebastopol—Under County Supervision
 Sonoma—Under County Supervision

STANISLAUS COUNTY—Modesto—J. Lyle Spelmann, M.D.
 Ceres—Under County Supervision
 Modesto—Mr. Mark J. Landquist
 Newman—Under County Supervision
 Oakdale—Under County Supervision
 Patterson—Under County Supervision
 Riverbank—Under County Supervision
 Turlock—Under County Supervision

SUTTER COUNTY—Marysville—J. Russell Franz, M.D., Acting
 Yuba City—Under Bi-County Supervision

TEHAMA COUNTY—Red Bluff—Donald Thompson, M.D.
 Corning—Arthur H. Meuser, M.D.
 Red Bluff—James L. Faulkner, M.D.
 Tehama—F. L. Doane, M.D.

TRINITY COUNTY—Weaverville—David D. Thornton, M.D.

TULARE COUNTY—Visalia—James C. Malcolm, M.D.
 Dinuba—Under County Supervision
 Exeter—Under County Supervision
 Lindsay—Under County Supervision
 Porterville—Under County Supervision
 Tulare—Under County Supervision
 Visalia—Under County Supervision
 Woodlake—Under County Supervision

TUOLUMNE COUNTY—Sonora—H. D. Rose, M.D.
 Sonora—H. H. McGillis, D.O.

VENTURA COUNTY—Ventura—Catherine Sherwood, M.D.
 Fillmore—Under County Supervision
 Ojai—Under County Supervision
 Oxnard—Under County Supervision
 Santa Paula—Under County Supervision
 Ventura—Under County Supervision

YOLO COUNTY—Woodland—John G. O'Hara, M.D.
 Davis—Under County Supervision
 Winters—Under County Supervision
 Woodland—Under County Supervision

YUBA COUNTY—Marysville—J. Russell Frantz, M.D., Acting
 Marysville—Under Bi-County Supervision
 Wheatland—Under Bi-County Supervision

NEW SYPHILIS TREATMENT RECOMMENDED BY DEPARTMENT

The Bureau of Venereal Diseases has revised its recommendations for the treatment of early syphilis with penicillin, arsenic and bismuth, in accordance with experience in rapid treatment centers throughout the Nation, and in hospitals in California.

The 5-12-3 schedule is recommended as being safer than the 8-6-3 schedule which formerly was suggested. The increased safety of the 5-12-3 schedule is due chiefly to the administration of arsenic every other day instead of every day. The total amount of arsenic given is also a factor.

Detailed instructions for the treatment of syphilis under the new schedule are available in mimeographed form to health departments and physicians from the

Bureau of Venereal Diseases, California State Department of Public Health.

The question has been raised whether the penicillin-arsenic-bismuth treatment of early syphilis, as administered in rapid treatment centers, conforms with the Regulations for the Control of Communicable Diseases as adopted by the State Board of Public Health on April 3, 1943.

Paragraph "c" of Section 109 states that patients with syphilis who have not received 20 arsenic and 20 bismuth injections, or the equivalent, may be subjected to quarantine by the health officer. The State Department of Public Health accepts as equivalent treatment any schedule which is approved by the United States Public Health Service or the National Research Council.

PSYCHIATRY SPEAKS ON KCRA

The State Department of Institutions is sponsor of a series of radio broadcasts on mental health entitled Psychiatry Speaks. The program is heard over Sacramento Station KCRA (1340 on your dial) Sundays at 12 noon.

HEALTH EDUCATION SCHOLARSHIPS OFFERED BY STATE DEPARTMENT

A limited number of scholarships for postgraduate students in health education in the School of Public Health, University of California, Berkeley campus, are available through the Bureau of Health Education, State Department of Public Health.

The courses in health education will be taught by Professor Clair E. Turner. Other graduate courses will be taught by Dr. Walter Brown, acting Dean of the School of Public Health, and his staff.

Starting with the opening of the fall term on October 29th, academic work will continue until the last week in June and will be followed by 12 weeks of supervised field work.

Admission requirements as stated in the University announcement of the course are as follows:

"To be admitted to the curriculum leading to the degree of Master of Public Health, the student must have graduated from an approved medical school, college of dentistry, college of engineering, or have received the bachelor's degree from an approved college or university. The candidate's previous program of study must have included such a substantial amount of satisfactory work in the biological, physical, and social sciences as will, in the judgment of the Faculty of the School of Public Health, constitute an adequate

preparation for his proposed field of specialization. Interest and demonstrated ability in working with people is expected of individuals who expect to enter the field of health education."

In the selection of candidates for scholarships, the Bureau of Health Education will give preference to those who have a background of education or experience in one or more of the following fields: public health or allied fields, such as home economics and social work, community organization, teaching, journalism or advertising.

Candidates will be trained for employment in local health departments, and must agree, if offered a position at the completion of their study, to work for at least two years in a public health department in California.

UNSEEN ENEMY ON SIX STATIONS

Unseen Enemy, a series of radio programs on venereal diseases sponsored by the State Department of Public Health and local health departments, is now broadcast by transcription weekly over six California stations.

Station	City	Day	Time
KFBK	Sacramento	Monday	10.45 p.m.
KFI	Los Angeles	Saturday	3.30 p.m.
KFRE	Fresno	Sunday	9.45 p.m.
KFSD	San Diego	Saturday	2.45 p.m.
KQW	San Francisco	Saturday	11.30 p.m.
KTMS	Santa Barbara	Saturday	10.00 p.m.

The program has been on the air continuously since it was started as a public service feature by W. B. Ryan, manager of Station KFI, Los Angeles, in September, 1943. It has won nation-wide recognition through mention in National magazines and through production, by the United States Public Health Service, of transcriptions of six of the programs which were reenacted for that purpose. These six transcriptions have been distributed to State and local health departments, and have been widely used.

DERMATITIS FROM CARROTS

Seventy-three cases of dermatitis from a carrot canning plant were recently investigated by the Bureau of Adult Health. It was found that those who handled the vegetables in the field, or handled them as they came to the plant, were not affected. All cases developed among workers coming in contact with the carrots after they were peeled. Use of rubber gloves was recommended as a preventive.

HOME STUDY COURSE

A home study course in social hygiene, guidance and sex education for parents, teachers and others, working with children is offered by The American Institute of Family Relations, 607 South Hill Street, Los Angeles 14.

Consisting of six lessons in pamphlet form with additional materials, the course covers the following subjects: Parental Preparation for Training the Child, The Questions Children Ask or Do Not Ask, Preparing the Child for Adolescence, Emotional Health in Adolescence, Some Problems in Adolescence and Looking Ahead to Marriage.

A small fee is charged for the course.

MORBIDITY REPORTS—SELECTED DISEASES—CIVILIAN CASES

TOTAL CASES FOR MAY AND TOTAL CASES FOR JANUARY THROUGH MAY 1945, 1944, 1943 AND 5 YEAR MEDIAN

Selected diseases	Current month				Cumulative			
	May				January through May			
	1945	1944	1943	5-yr. median	1945*	1944	1943	5-yr. median
Chickenpox	7,202	5,283	5,428	4,887	33,424	24,120	33,581	24,120
Coccidioid granuloma	1	4	4		17	13	10	
Conjunctivitis								
Acute infectious of the newborn (Ophthalmia Neonatorum)	3	6	1		9	19	12	
Diarrhea of the newborn	1	2	45		9	8	64	
Diphtheria	86	102	61	61	540	560	466	418
Dysentery, bacillary	15	43	53		129	149	158	
Encephalitis, infectious	3	4	2		22	38	16	
Epilepsy	155	133	153		696	673	702	
Food poisoning	5	80	33		78	358	233	
German measles	2,621	3,759	6,299		8,623	12,026	24,147	
Influenza, epidemic	61	144	136	168	445	10,718	1,051	9,193
Jaundice, infectious	29	29	7		118	168	70	
Malaria	11	12	25	12	44	42	45	42
Measles	7,700	21,105	4,131	4,131	23,151	51,906	13,767	13,767
Meningitis (Meningococci)	71	81	96	20	407	604	432	89
Mumps	5,898	5,614	3,355	4,390	25,697	20,630	14,724	15,077
Pneumonia, infectious	278	344	327	271	1,966	2,474	2,285	1,770
Poliomyelitis, acute anterior	10	28	53	28	57	108	136	108
Rabies, animal	99	103	88	56	331	465	323	282
Rheumatic fever, acute	75	88	32		356	233	132	
Scarlet fever	1,755	1,105	591	591	8,367	5,737	3,331	3,331
Smallpox		5			2	4	4	8
Tuberculosis								
Pulmonary	979	774	634	634	3,636	3,472	3,190	3,088
Other forms	65	41	24	41	257	185	180	180
Typhoid fever	11	81	16	16	32	137	43	78
Typhus fever	1	1			15	5	9	
Undulant fever	39	30	14	23	117	101	73	101
Whooping cough	2,374	562	2,221	2,221	7,970	2,065	8,609	6,700
Veneral diseases								
Chancroid	18	26	12		100	154	85	
Gonococcus infection	2,478	1,763	993	1,116	10,990	7,481	5,234	7,105
Granuloma inguinale	3	1	2		21	9	11	
Lymphogranuloma venereum	22	13	8		101	101	52	
Syphilis	277	2,806	2,451	2,153	12,001	11,864	13,033	9,826

*Corrections January-April included.

John Sundwall, M.D., Director,
Division of Hygiene & Public
Health,
University of Michigan,
Ann Arbor, Michigan

